LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

February 24, 2014

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	COMM STAFF/ CONSULTANTS
Michael Johnson, Esq, *Co-Chair*/ Kevin James Donnelly	Erik Sanjurjo, MPH	None	Jane Nachazel
	Terry Smith, MPA		James Stewart
Al Ballesteros, MBA	Richard Zaldivar		Craig Vincent-Jones, MHA
Aaron Fox, MPM			
AJ King, MPH			
Bradley Land	**MEMBERS ABSENT**		**DHSP STAFF**
Ted Liso/Douglas Lantis, MBA	Ricky Rosales, *Co-Chair*		None
Mario Pérez, MPH	Grissel Granados, MSW		
Jill Rotenberg	Fariba Younai, DDS		

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1) **Agenda**: Executive Committee Meeting Agenda, *2/24/2014*
2) **List**: Commission Values, *2/24/2014*
3) **Table**: Monthly Priority Task List, *2/24/2014*
4) **Table**: Los Angeles County Commission on HIV, Executive Committee, FY 2012 Work Plan, *2012*

1. **CALL TO ORDER**: Mr. Johnson called the meeting to order at 2:05 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the Executive Committee meeting minutes, as presented ***(Postponed)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMITTEE COMMENT, NON-AGENDIZED**: There were no comments.

6. **DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:**
   - Mr. Pérez reported there was still no Ryan White Notice of Grant Award. Federal partners are asking more questions about other funding, e.g., HRSA is asking about local Part C investments and the CDC is asking about directly funded programming.
   - The clear theme is that Federal partners want Federal, State and local partners to work more closely together to maximize Federal resources. The Los Angeles Jurisdiction enjoys significant Federal support so he expected this focus would continue.
   - Mr. Land noted there have been barriers in accessing information from some providers especially Part C providers. He asked what facilitation role the Commission could play. Mr. Pérez replied the manner in which Ryan White was established does not provide the Part A jurisdiction grantee any formal authority over other Ryan White Parts.
   - In recent years, however, funding for the CDC Enhanced Comprehensive HIV Prevention Planning (ECHPP) included an expectation that the local Center For AIDS Research (CFAR) work with the local jurisdiction. The County's CFAR is the University of California Los Angeles. ECHPP was the first time that the Department of Health and Human Services signaled CFAR had to do a better job coordinating work with the local jurisdiction. HRSA has not done the same.

- The National Institutes of Health requires researchers to submit a letter of endorsement from the local health department. HRSA wants only a verbal assurance that Part A and Part C investments complement rather than duplicate each other.
- For the first time, DHSP made a Federal request to see the Part C investments when it was negotiating Ambulatory Outpatient Medical contracts. HIV medical care is the most commonly funded Part C service with approximately 70% of revenue. That changes the conversation at the Commission table because it impacts the need for Ryan White resources particularly when the landscape now includes multiple third party payers, e.g., Medicaid expansion, Health Net and LA Care.
- Regarding PP&A Priorities and Allocations (P-and-A), Mr. Pérez said the first issue is to refine the number of PLWH eligible for Ryan White HIV medical care based on migration to other health plans and units of service. Overall, the Commission will need to know the number of Ryan White-eligible PLWH and their need for wrap-around services, e.g., the proportion who can self-manage versus those who are high acuity. A percentage of newly diagnosed PLWH will also come into Ryan White.
- Mr. Vincent-Jones asked how to incorporate that information into the P-and-A timeline. Mr. Pérez noted the strong effort since July 2013 to raise the Commission's common understanding of the very complicated public health response to the HIV Continuum. That effort was on the heels of integrating prevention, care, treatment and STDs and included information on new ways of mapping the epidemic in an environment of ACA implementation and changing health care financing.
- He felt the short- and medium-term focus at the larger Commission table should be to ensure everyone has the basic operating principles. Adding a complicated policy or financing item for FY 2014 could be confusing now.
- Mr. Land noted the Ryan White Care Act was largely intended to fill gaps for PLWH in Eligible Metropolitan Areas, but the ACA was designed for the general population. Gaps are inevitable in specialty care for PLWH due to a lack of understanding of HIV overall and the need for services such as psychosocial. He urged engaging in the national conversation.
- Mr. Pérez replied the conversation is ongoing, e.g., with a national rate setting exercise. Multiple funders support HIV care, but few support wrap-around services. He suggested addressing the subject in PP&A.
- Mr. Johnson noted Medicare rates are set at the Federal level, but Medi-Cal rates are set by the State. He felt it would be helpful to provide Commission training on the process so it could better support DHSP in the relevant conversations.
- Mr. Pérez noted he would be in meetings on Capitol Hill 2/26/2014 and with the Presidential Advisory Council on HIV/AIDS (PACHA) on 2/27-28/2014. PACHA is composed of approximately 25 people including several new members in the last six months. Three subcommittees were designed around the National HIV/AIDS Strategy (NHAS) and pertain to domestic HIV: Access to Care, Disparities and Incidence. A Global Subcommittee addresses non-domestic issues.
- He co-chairs the Incidence Subcommittee and a new Expanding Access to HIV Care Subcommittee which was formed at the behest of the Secretary to develop recommendations on the future of Ryan White in the context of ACA. Mr. Pérez is advocating synergizing the two access to care subcommittees since progress is very slow. This is the fourth year since the Obama Administration initiated PACHA yet many recommendations from the first year are being reiterated.
- For example, both the CDC and the White House recently released reports highlighting HIV prevention progress against NHAS goals, but Mr. Pérez thinks progress is not as great as the reports suggest. The next PACHA meeting is likely to discuss how much progress has, in fact, been made especially regarding disparities.
- As the County PACHA representative, he regularly raises issues with disparities in the South and among African-American gay men, Latino gay men and the transgender population. One NHAS goal was to increase by 20% the proportion of African-American, Latino and White men, specifically gay men, with suppressed Viral Loads (VLs).
- The progress reports suggest the NHAS goal has been met among White gay men but, while there has been progress, the goal has not been met among African-American and Latino gay men. He argues that the baselines were inadequate. Disparities have actually increased between subpopulations of African-American and Latino gay men who do and do not have suppressed VLs. His preferred baselines for gay men would be: White, 20%; African-American, 45%; and Latinos, 30%.
- PACHA discusses questions such as that regarding the best measures. Another key issue is the CDC's shift of resources to the South. Mr. Pérez supports resources following the epidemic, but there are questions about unintended consequences for other areas and if incremental increases would be more cost effective by allowing time for the South to build capacity.
- Mr. Vincent-Jones reported SBP is developing population-specific guidelines. It has requested Treatment Cascade data by race/ethnicity from DHSP to assist in that. Mr. Pérez reported the work is progressing.
- He added DHSP has also developed an STD Treatment Cascade, e.g., the number of people with gonorrhea, how many are treated and those confirmed to have received appropriate treatment. Not all cases of syphilis or gonorrhea are treated appropriately especially in the private sector which sees fewer cases. DHSP has a call line with nurses to assist.
- DHSP remains concerned about PLWH outmigration from Ryan White. ACA does not have the same checks and balances as the Ryan White system. DHSP spoke with the Community Clinic Association of Los Angeles County as a follow-up to its Commission presentation to ensure HIV was addressed, e.g., wrap-around services, Federally Qualified Health Center issues and capacity to address the influx of new patients with HIV.

- He noted HIV pharmaceutical carve-outs are being negotiated to ensure full coverage. The formulary is also being addressed, e.g., to ensure a broad range of therapy options rather than one medication per class.
- On a related ACA matter, Mr. Fox was in Sacramento on 2/20/2014 at the Speaker Pro Tem's Office and both Budget Health Subcommittees. There was commitment to advocate for a full fiscal wrap-around for Covered California. The Senate Budget Health Subcommittee has requested numbers from the Department of Finance on the anticipated cost of wrap-arounds.
- Currently, OA-HIPP will pay Covered California monthly premiums and co-payments for ADAP formulary medications for a PLWH who qualifies for ADAP and wants to join Covered California. HRSA has issued guidance that Ryan White and rebate dollars can be used for other out-of-packet costs not including inpatient care which Ryan White does not cover.

➲ Provide Commission training to inform its support for DHSP in national and State conversations on wrap-around services.
➲ DHSP will provide a presentation on the Treatment Cascade by race/ethnicity once work is completed.
➲ Messrs. Ballesteros and Land will develop recommendations to address financial landscape changes, e.g., on rates, to facilitate Commission discussions in future on how to best integrate Ryan White services into the changing landscape.

7. CO-CHAIRS' REPORT:

A. Organizational Culture Development:

- Mr. Johnson said the Co-Chairs' Report is focussed on progress in addressing rules of engagement and values. Mr. King developed the list in the packet grouping values by: we treat each other with; our work is; and our structure allows for.
- Mr. Vincent-Jones spoke with Diane Burbie, The Aspire Group, a little over a week prior. She has not yet completed a written report, but recommended team-building exercises and the next discussion steps should occur at the Executive Committee, preferably at an all-day retreat, because issues seemed centered in the Executive leadership team. The Commission can coordinate a retreat on a Saturday if the Executive Committee chooses to do one.
- She suggested the Executive Committee discuss how to roll the values out perhaps in March or April.
- Several supported the idea of a retreat, but urged other, smaller steps continue in the meantime.
- Mr. Ballesteros questioned the purpose of a retreat. Mr. Vincent-Jones said Ms. Burbie felt there were issues of collaboration and trust with unification. Executive Committee members are the most experienced Commission members and largely self-selected so, understandably, have a more complicated understanding of issues than most other Commission members whose issues pertain more to lack of understanding. Resolving issues at the Executive Committee would make it easier to address them Commission-wide.
- Mr. Ballesteros said he wanted to learn more about prevention, but did not feel a retreat would be productive, Mr. Vincent-Jones said the purpose is to examine how information is perceived and how to best communicate it effectively.
- Mr. Zaldivar said people come to the table with their histories, whether care or prevention, and their personalities. Those are hindrances in trying to work together. Addressing differences will improve overall communication.

➲ The Executive Committee will hold an all-day retreat to address interaction challenges, leadership and team-building.

1) Operating Values/Definitions:

- Mr. Fox suggested taking the values to committees, explaining the organizational culture process and how the values were developed.-Committees can review the values and provide feedback to the Executive Committee about which values are most important to them and why.
- Mr. Vincent-Jones asked what other pieces people might feel need to be addressed besides values.
- Mr. King felt values are important, but meaningless unless the structure aligns with them, e.g., traditional staff roles for the Commission and the Prevention Planning Committee (PPC) differ markedly. DHSP staff had a specific supporting role for the PPC while Commission staff, especially Mr. Vincent-Jones, was very involved. The issue concerns autonomy of the body, was raised prior to integration and still has not been resolved to his satisfaction.
- Mr. Ballesteros asked about the staff support plan. Mr. Vincent-Jones said support will be through the Commission offices. The Commission is negotiating its budget with DHSP rather than using a percentage calculation as before. Ryan White resources will be identified based on a framework of Commission positions. Per the County system, an item must be acquired before hiring staff. Three items exist now. The first new hire has been identified, but will work on the Los Angeles Coordinated HIV Needs Assessment and will be located at the DHSP offices.
- There is little actual cost data on DHSP's support for the PPC because responsibilities were dispersed. Mr. Vincent-Jones felt Commission support can be more cost effective once it is fully staffed.
- Mr. Ballesteros noted Commission staff had more expertise on the care side and asked about prevention expertise. Mr. Vincent-Jones noted Commission staff formerly provided significant content and technical expertise while PPC members, rather than DHSP staff, provided much of that work for the PPC. He needed to find the balance between

the levels of involvement and the pertinent roles of staff. Mr. Land felt working on YR 25 will help define what can be done effectively by staff and where the Commission will need to rely on its members and the community.

- Mr. Smith sought to improve the effectiveness of how the Commission works and functions, e.g., how input is translated into completed work, how information is communicated with the community, how new members are supported and engaged. He felt the retreat is important, but the overall body itself needs support.
- Mr. Fox felt the Commission should not take on large projects that do not have to be done in this period of change with many unknowns. He recommended doing what is required by statute and two or three things each committee wants to do. Both Commission and DHSP staff are already taxed. Mr. Land felt that is why hiring staff is a priority.
- Mr. Vincent-Jones said, as staff, he heard varying expectations. He would like a direct conversation on expectations and how they vary among members. Mr. Land felt work plans and task lists aid in development of expectations. Some are organic and some will develop during the process. Mr. Fox urged limited, achievable expectations.
- Mr. Johnson asked if there was consensus for Co-Chairs to present the values to their committees. Mr. Vincent-Jones thought the agreement was to develop a consistent, coherent message prior to presenting the values.
- Mr. King suggested a Commission presentation to present the values along with the process used to develop them and ongoing Executive work to integrate them into the Commission work and structure. Feedback can return to the Executive Committee. Mr. Zaldivar felt committees could address integrating values into their work plans.
- Mr. Land felt a work group could develop a narrative for the Commission. Feedback can return to Executive.
- Mr. Pérez noted Ms. Burbie's assessment was that the Executive Committee was still struggling with the concepts around integration and comprehensive HIV planning. Meanwhile, even our Federal partners have issued a joint letter from HRSA and the CDC – a huge accomplishment. He challenged the Committee to move forward.
- The Committee has spent 45 minutes talking about values. That is significant energy when there are so many issues to address such as prevention, care, health care financing and disparities. FY 2014 will be a hard planning year so the Committee needs to buckle up, find ways to address differences and keep our eyes on the prize.

2) Next Steps:

- Mr. Johnson appreciated Mr. Pérez's observations. We have committed to values and to bring them forward. We all have the challenge to set our own perspectives aside and determine how to do the larger work. He asked for the most expeditious means to move the process forward on the shared agreements to date.
- Mr. Sanjurjo suggested a short survey, e.g., on Survey Monkey to gather basic input prior to a presentation.
- ➲ Narrative Work Group members are: Messrs. Johnson, Land, Rosales, Sanjurjo and Zaldivar.

MOTION #3: **(*Land/Zaldivar*)**: Move development of a narrative for the full Commission and a narrative for committees to a work group with results returned to the Executive Committee **(*Passed by Consensus)***.

B. Committee Work Plans: The plans are in progress.

8. EXECUTIVE DIRECTOR'S REPORT:

A. Monthly Priority Task List:

- Mr. Vincent-Jones agreed it is ineffective for the Commission when materials are not suitably prepared in advance. Work must be better planned to accomplish better preparation. He often makes commitments at one committee only to have a host of new projects requested at the next. Trying to do most of them in time for the Commission meeting results in many not done in time or not done in a way that garners approval so committees can advance their work.
- In terms of improved scheduling, he recommended the PP&A and Public Policy Committees move up in the schedule by one week. The current schedule bunches meetings within the two weeks prior to the Commission. He also requested moving calls with co-chairs to coordinate their committees' agendas up to two weeks prior to the meeting.
- Mr. Smith felt the all-day February Commission meeting was not time efficient. The agenda was revised three times. The PP&A presentation referenced directives not in the packet. The logo conversation caught him off guard and he did not think it was useful. He urged prioritized, limited agendas with focused presentations leading to concrete decisions.
- Mr. Vincent-Jones said he likely committed to more projects than feasible since the all-day meeting had been planned. Executive could also be more proactive, e.g., the all-day meeting and logo discussion were on the agenda.
- He added the Brown Act requires updating agendas if time must be rescheduled. The original plan was to do a Medicaid Expansion panel with LA Care and Health Net to initiate a dialogue especially regarding prevention. Health Net, however, chose not to present so their time needed to be re-allocated.

- It is not appropriate for the Executive Director to prioritize work, but he can suggest schedule improvements so work flows better. He is the only current content staff, e.g., for reports, analyses and financial information needed to hire staff. Routine business also absorbs significant time, e.g., meetings and County work such as Performance Evaluations.
- Executive needs to prioritize the work. He has re-initiated a monthly task list to provide more information for prioritization. It includes all non-routine projects and represents approximately 40% of his time.
- The Task List is not quite complete. The last page will eventually reflect completed tasks. It takes little time to maintain once established. Times are estimates so a project that takes longer than estimated will impact other work.
- Mr. Johnson said priorities could be done by the Commission Co-Chairs, but it is more appropriate for the entire Executive Committee to weigh in and come to agreement. It goes more quickly once it becomes routine.
- Mr. Fox felt Commission member comments and questions in response to presentations such as from LA Care indicate many members lack basic understanding about the various health care systems, e.g., the difference between Ryan White and Medi-Cal. He wanted to present a simple overview of the systems and what they cover.
- Mr. King felt many at the table also have expertise so it is not always necessary to bring in outside speakers.
- Mr. Pérez noted people learn differently. There are different levels of understanding and familiarity in large forums such as the Commission. About a third do not respond to PowerPoint and talking head presentations about complicated systems where one in five words is an acronym that many do not understand.
- He presented last summer on County governance and roles of HRSA, the CDC, DHSP, Substance Abuse and Prevention Control (SAPC) and Departments of Mental Health, Health Services and Public Health. He suggested giving Commission members a schematic of the roles, e.g., SAPC offers some drug treatment but it is not as focused as often expected.
- He felt it premature to invite Wesley Ford, MA, MPH, Executive Director, SAPC, to present. Members will be better able in a year to ask the right questions to change policy and improve the health care system. With better understanding, the Commission can exert pressure so people reconsider what they fund, how it is funded and measures of success.

➲ Mr. Vincent-Jones will bring an updated Task List for the next meeting.

➲ Invite Mr. Ford, Executive Director, SAPC, to present to the Commission in April.

➲ Refer development of presentation to Commission on overview of health care systems to the Public Policy Committee. The Committee will also review development of a single oversized page map of the system.

➲ Priorities to prepare for the next Commission meeting from the respective committees are:

- ⇨ **Operations:** compensation for unaffiliated consumers; mentorship to assist struggling members including committee co-chairs reaching out to and encouraging members to accept support.
- ⇨ **PP&A:** modifications to FY 2013 and FY 2014; directives.
- ⇨ **Public Policy:** incorporate suggestions from Messrs. Ballesteros, Pérez and Smith at the February Commission meeting into the Policy Agenda; update on State budget hearings which begin in one week.
- ⇨ **SBP:** presentation on Continuum of HIV Services; possible draft social determinants framework based on Dr. Ronald Andersen's work and format for population-specific guidelines.
- ⇨ **Consumer Caucus:** compensation for unaffiliated consumers; outreach to the Antelope Valley to recruit consumer members; self-advocacy.

B. Legal Costs/Impact:

- Mr. Johnson noted Mr. Vincent-Jones has prepared an extensive memorandum on current litigation. County Counsel has to review the memorandum before it is presented to the Commission or Executive Committee. Mr. Pérez added DHSP can comment on cases that have been resolved, but not on those that are still in process.
- Mr. Vincent-Jones said he could report verbally on legal activities since 2010. There have been six legal cases and four initiatives all from the same provider, AIDS Healthcare Foundation (AHF).
- The first case was against the DHS. It claimed improper procurement practices to initiate the pharmacy access program for the County's Low Income Health Program, Healthy Way LA. The judge initially granted the County a month-to-month extension to renegotiate a solicitation, but eventually decided too much time had passed and ended the network on the basis that the procurement practices contradicted State law.
- The pharmacy network had to be disabled and the other defendant, Ramsell, withdrew. It was too late in the process to create another network or wait for an appellate action. There was no significant financial impact on DHSP because it was against DHS, but some community staff were defendants so DHSP likely helped with that expense.
- The other cases were against DPH. They named DHSP and individuals who work at DHSP as defendants. County practice is that a department in which a program is located that is the subject of legal action has to fund legal representation and expenses with Net County Cost (NCC) funds.

- DHSP receives approximately $2.6 million in annual NCC funds which traditionally supplements prevention and care services or administrative needs beyond other funding resources. Some of those funds were diverted to legal expenses.
- County Counsel is the County's primary in-house attorneys, but periodically hires an outside firm when it lacks capacity or expertise. Outside counsel has been hired for the remaining cases though County Counsel remains involved.
- The second and third cases were Federal and State retaliation cases. Plaintiff claimed that over several years there had been a series of behaviors, actions, comments and decisions that were intended to intimidate the plaintiff. The Federal retaliation case claimed a free speech violation and was dismissed by the court prior to a trial or administrative ruling though DHSP staff spent significant time in preparation and depositions. The State case is similar and is ongoing.
- Remaining cases pertain to procurement via sole source contracts. DHSP used sole source to meet particular needs.
- One contract was for Transitional Case Management for Youth. It required an agency skilled in reaching youth in the ball environment. Reach LA was contracted. Defendants are DHSP, staff, the County network and Reach LA. The County cannot indemnify an outside agency so Reach LA, a small agency, must pay legal costs that put its finances at risk.
- In a second sole source case, DHSP applied for a Substance Abuse and Mental Health Services grant that would integrate HIV screening, behavioral health and substance abuse services into a high-volume primary care setting in an underserved area. DHSP identified St. John's Well Child and Family Center, South Los Angeles, to build their capacity to integrate and address some of these issues. DHSP also partnered with UCLA given its expertise in addiction medicine.
- Grants commonly require applicants to identify partners who help develop the proposal.That is normally done by sole source due to time limitations. The claim against a third partner was removed, but the others are proceeding.
- The final case pertains to DHSP's sole source contract to Public Counsel to properly discharge HALSA cases that had not been closed when the Commission ended allocation of funds to HALSA in response to 2009 budget cuts. The case has not yet been dismissed, but Public Counsel has been removed as a defendant so it is unlikely to continue.
- There have also been four ballot initiatives, three for the City and one for the County, sponsored by AHF.
- Two pertain to condoms in the Adult Film Industry. The City chose to adopt the measure rather than put it on the ballot. The County chose not to do so. It went on the ballot and passed. DPH is responsible for creating enforcement and other matters. Some work has been delayed because the Adult Film Industry initiated a suit based on free speech.
- The other two pertain to moving public health services for City of Los Angeles citizens to the City. The first would have moved the services and was dismissed by the judge. The second was to establish a commission to examine the feasibility of creating a City of Los Angeles department of public health. AHF is in the process of collecting signatures.
- The remaining question is what impact these activities have on services. Only anecdotal information is available and some actions are continuing, but the original estimate was $1 million annually. That has been raised to $1.3 million.
- There are also psychological and programmatic impacts. Scrutiny of procurement has been heightened to the extent that it is now next to impossible for DPH and much more difficult for other County agencies related to health to obtain approval for a sole source contract. The Commission is committed to transparency, but has never excluded sole source as the proper response at times. It sent a letter to the Board supporting the pharmacy network for that very reason.
- Difficulty in obtaining approval for sole source contracts also can impair the Commission's ability to implement services, e.g., most options to address cost-sharing gaps locally would have had to rely on sole source contracts.
- The necessity to address litigation also diverts DHSP staff from their normal responsibilities. Kyle Baker estimated 85% of his time in 2013 was devoted to litigation. He is the principal Commission contact. Mr. Vincent-Jones added he normally speaks with someone from DHSP daily, but there were two or three weeks when he could not reach anyone.
- Mr. Zaldivar thanked Mr. Vincent-Jones for the verbal report, but felt a formal, written report was needed to inform Commission members to ensure they are engaged and informed about the financial implications.
- Mr. Ballesteros asked why litigation costs are covered with funds that would otherwise support services. Mr. Vincent-Jones said each program receives a pool of NCC funds and is expected to meet such expenses with it. On the other hand, the Commission has no independent NCC funds so another solution would need to be sought if it were sued.

MOTION #4: **(*Zaldivar/Ballesteros*)**: Commission staff will provide a formal, written report to the Commission on litigation since 2010 involving the Departments of Health Services and Public Health including their financial and other impacts **(*Passed by Consensus)***.

C. Commission Meeting Evaluation Plan:

- Mr. Vincent-Jones suggested focusing on specific questions on a different subject for each survey starting with the P-and A process. That will provide understanding about the more difficult aspects of P-and-A for Commission members and begin to build a basis to develop a broader strategy to improve meeting structure as a whole later.
- ➲ Mr. King will assist Mr. Vincent-Jones to develop the next assessment.

D. Co-Chairs' Training:

- Mr. Vincent-Jones noted the prior Commission provided a Co-Chairs' Training and requested direction for its use.
- ➲ Mr. Vincent-Jones will email the Co-Chairs' Training PowerPoint slides to the Executive Committee.

E. Draft Commission Meeting Agenda:

- Mr. Vincent-Jones reported the Commission is coordinating with CHIPTS to incorporate colloquia. They usually take approximately 90 minutes and are normally unrelated to a Commission project. SBP is working on social determinants to address disparities. The Commission is attempting to schedule Dr. Ronald Andersen to speak on that subject.
- Mr. Land felt there were good questions on P-and-A at the last Commission meeting, but he heard members wanted materials in the packet. Normally, directives are not presented at the same time as allocations, but he felt it would be useful now because PP&A will be moving toward a heavier emphasis on prevention going forward.
- Mr. Fox felt many did not understand the last presentation. The allocations process is new to many members, e.g., the concept of contingency planning. He urged simplicity and improved clarity. Mr. Vincent-Jones agreed. He said committee members may become aware of issues during a presentation. It is acceptable to refer it back to committee.
- Mr. Pérez suggested using tablets at the Commission meeting to facilitate presentation of materials. Some documents are presented multiple times so there should be a cost benefit to providing them electronically. Mr. Vincent-Jones agreed tablets would be cost effective, but the Executive Office will not fund them so outside funds are needed.
- ➲ The March Commission meeting will include allocation modifications from PP&A; and policy review from Public Policy.
- ➲ Mr. Pérez will assist Mr. Vincent-Jones to identify funding for tablets.

9. **STANDING COMMITTEE REPORTS**: There were no reports beyond the priorities discussion.

10. **CAUCUS REPORTS:** There were no reports beyond the priorities discussion.

11. **TASK FORCE REPORTS:** Three groups have now been consolidated into the Community Engagement Task Force. It is hoped the next meeting can be scheduled in approximately one week.

12. **EXECUTIVE COMMITTEE 2014 WORK PLAN**: The Executive Work Plan will be tabled until committee work plans are completed.

13. **NEXT STEPS**: Mr. Land urged all co-chairs to review the Next Steps item at their respective committees.

14. **ANNOUNCEMENTS**: There were no announcements.

15. **ADJOURNMENT**: The meeting adjourned at 4:35 pm.